



Montana Fish, Wildlife & Parks

MONTANA WILDLIFE CENTER Volunteer Application

Name: _____ Date of application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Emergency Contact/relationship: _____

Phone _____ Cell _____

Volunteer position applying for: ☐ Animal care ☐ Receptionist/Front Desk ☐ Administrative

☐ Special events ☐ Maintenance ☐ Resource Management ☐ Landscaping ☐ Teaching

☐ Naturalist ☐ Special projects ☐ Other _____

Special skills, interests or hobbies: _____

Previous relevant work/volunteer experience: _____

Are you willing to supervise other volunteers? ☐ Yes ☐ No

Name two previous volunteer, work, or personal references:

Name

Address

Phone

1.

2.

Is there any other information you wish to share with us on this application?

Do you have any medical conditions that we should be aware of that may get in the way of you performing the duties of the position you are applying for?

Signature _____ Date _____